



General Assembly

Substitute Bill No. 5235

February Session, 2010

* ____HB05235INS__031710__ *

**AN ACT REQUIRING THE PROVIDING OF CERTAIN INFORMATION
UPON CERTAIN DENIALS OF HEALTH INSURANCE COVERAGE.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-483b of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective January 1, 2011*):

3 Except as otherwise provided in this title, each insurer, health care
4 center, hospital and medical service corporation or other entity
5 delivering, issuing for delivery, renewing, [or] amending or continuing
6 any individual health insurance policy in this state, [on or after
7 January 1, 2000,] providing coverage of the type specified in
8 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, shall complete
9 any coverage determination with respect to such policy and notify the
10 insured or the insured's health care provider of its decision not later
11 than forty-five days after a request for such determination is received
12 by the insurer, health care center, hospital and medical service
13 corporation or other entity. In the case of a denial of coverage, such
14 entity shall notify the insured and the insured's health care provider of
15 the reasons for such denial. If the reasons for such denial include that
16 the requested service is not medically necessary or is not a covered
17 benefit under such policy, the entity shall (1) notify the insured that
18 such insured may contact the Office of the Healthcare Advocate if the
19 insured believes the insured has been given erroneous information,

20 and (2) provide to such insured the contact information for said office.

21 Sec. 2. Section 38a-513a of the general statutes is repealed and the
22 following is substituted in lieu thereof (*Effective January 1, 2011*):

23 Except as otherwise provided in this title, each insurer, health care
24 center, hospital and medical service corporation or other entity
25 delivering, issuing for delivery, renewing, [or] amending or continuing
26 any group health insurance policy in this state, [on or after January 1,
27 2000,] providing coverage of the type specified in subdivisions (1), (2),
28 (4), (11) and (12) of section 38a-469, shall complete any coverage
29 determination with respect to such policy and notify the insured or the
30 insured's health care provider of its decision not later than forty-five
31 days after a request for such determination is received by the insurer,
32 health care center, hospital and medical service corporation or other
33 entity. In the case of a denial of coverage, such entity shall notify the
34 insured and the insured's health care provider of the reasons for such
35 denial. If the reasons for such denial include that the requested service
36 is not medically necessary or is not a covered benefit under such
37 policy, the entity shall (1) notify the insured that such insured may
38 contact the Office of the Healthcare Advocate if the insured believes
39 the insured has been given erroneous information, and (2) provide to
40 such insured the contact information for said office.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>January 1, 2011</i>	38a-483b
Sec. 2	<i>January 1, 2011</i>	38a-513a

INS *Joint Favorable Subst.*